STATE OF SOUTH CAROLINA  (Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	) ) BEFORE THE ) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA )
Please type or print) Submitted by:  [Please type of print] Submitted by:  [Please type of print]  [Please type of print]  [Please type of print]  [Please type of print]	TRANSPORTATION COVER SHEET  DOCKET  NUMBER:  If this is your first time filing an application with the PSC, you will no have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.  Telephone:
Address: 136 Swarts Rd b-5 Lexington, SC 29072	Tax:  Other:  Email: temene belton 29 e yahoo. (an
as required by law. This form is required for use by the Public Serv be filled out completely.	places nor supplements the filing and service of pleadings or other papers (see Commission of South Carolina for the purpose of docketing and must ON (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class B Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certifica of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date: October 24, 202
Application is hereby made for a Certificate of Public Convenient of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments to	
1. Name under which business is to be conducted (corporation, partner	
136 Swartz Rd 6-5 Street Address of A	
Succi Address of A	ppicant
Mailing Address of Applicant (if diff	erent from street address)
(803)979-6157	*
Phone	Fax
terrence belton 29 eyahor. Com	
Email Addre	88
<ol> <li>If the Applicant is an LLC or a corporation, a copy of the Certif Secretary of State and the Articles of Incorporation must be attac Carolina Secretary of State "Foreign Corporation" Certificate.)</li> </ol>	
3. Select Entity Type: (Check one)	
Individual Owner/Sole Proprietorship	
Partnership - List names and address of all person having	g an interest in the business.
Corporation - List names and addresses of two principal of	officers.

# Belton Transportation Service

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **Financial Statement**

Applicant's assets and liabilities are as follows:

Assets:		Liadhities	<u>;</u>
Value of Real Estate	0	Mortgage/Loan on Real Estate	1,90-00
Value of Motor Vehicles	12500.00	Loans Owed on Motor Vehicles	D
Cash on Hand	1,000 -00	Business/Other Loans Owed	0
Cash in Bank	1,000-00	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	Total Liabilities	690.00
Total Assets	3500-00		

#### INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles
  owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate
  knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills
  such as electricity bills, security system costs, insurance, salaries, etc.

# PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Weekday Dwines hons - 150.00 Perfection
weekendd off hours - 190.00 per person
mileage - 15.00 Per Mile
Whittime Fees (fer 30 min) \$ 30.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	☐ Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

WHEEL-

# **DESCRIPTION OF EQUIPMENT**

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver

8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	CHAIR LIFT
Cheverolet	07 Uplander	1660V13167D112564	4470	/
	<u> </u>		.5.:	
				· · · · · · · · · · · · · · · · · · ·
		,	•	1
***	22			

# **INSURANCE QUOTE**

#### This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:		
Terrence (	selvon	
	Name of Applicant	
- 136 Such	to Rd b-5 lex	ington, JC 29072
	Address of Applicant	3 /
Amount of Premium:		
Liability Insurance \$ 100,000		
The above quoted promium is for a term of		1
Minimum Limits - Bodily injury and proper than the following:	rty damage limits will not be	Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	100,000
Medical Payments per Person	\$ 1,000	5,000
Berkshire Hathaw	ay Direct Trucan	Le Company
1314 Douglas Street 14 Floor	Omaha, NE b	8102

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Talk to a Licensed Expert 1-844-472-0967 Mon-Fri. 8AM-9PM EST

# Terrance Belton

Thank you for providing biBERK the opportunity to quote your Commercial Auto insurance. Our mission is to protect your business so you have the peace of mind to do what you do best.

#### Commercial Auto: 9008450

\$1,064.09

\$1,064.09 per month, 12 monthly payments Yearly: \$11,480.00 (Save 10%)

Policy Start Date 11/02/21 Coverage for one year. Quote pricing is valid if purchased before the policy start

Save \$8 per payment by selecting autopay or by paying the total policy cost.

**COVERAGES** 

- **Bodily Injury Property Damage**
- Vehicle Uninsured Motorists
- **Vehicle Underinsured Motorists**
- 1 Vehicles Have Comprehensive/Collision

**VEHICLE LIMITS** 

2007 CHEVROLET

\$500/\$500

**AUTO LIABILITY LIMITS** 

**Bodily Injury and Property** 

Damage Liability

\$1,000,000

Questions?

Your licensed team is here to help.

experts@biberk.com

1-844-472-0967

Mon-Frl. 8AM-9PM EST

Why biBERK insurance?

We're part of Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$35 billion a year to resolve claims.

- Outstanding claims service
- Online certificates of insurance
- Affordable payment plans

Customer Reviews

\*\*\*\*\*4.8/5

Calculated from customer reviews over the past 12 months.

Policy Details of Your Plans

ACCEPTED FOR PROCESSING - 2021 November 3 9:34 AM - SCPSC - 2021-344-T - Page 8 of 20

Your Commercial Auto Quote ID: 9008450

### Coverages

Specific events trigger coverage by this policy. Coverage applies even if your vehicle is used for personal activities.



Vehicle Coverage

## Comprehensive

Comprehensive pays for vehicle and glass damage due to, among other causes, theft, vandalism, explosion, and fire.

#### Collision

Collision pays for damages to your vehicle caused by a collision or when it overturns.



Auto Liability

Auto liability coverage pays out to other parties if the accident is your fault. Accidents can cause bodily injury or property damage.

## **Bodily Injury Liability**

Bodily injury liability pays if you are responsible for another person's injury or death in an auto accident. It also pays for your legal defense,

# Property damage liability

Property damage liability pays if you are responsible for damage to another person's property, and also pays for your legal defense.



Uninsured/Underinsured Motorist

Uninsured/underinsured motorist coverage pays for your injuries caused by an uninsured/underinsured driver or a hit-and-run driver.





Your Commercial Auto Quote ID: 9008450

- Other Coverages Not Selected
- You did not choose to include these coverages in your policy.
- Cargo Liability

Cargo liability covers claims against your business for damage caused to nonowned goods while they were in your care, custody, or control. Incorrect loading or improper transport is not covered.

Medical Payments

This covers you, drivers of your scheduled vehicles, and passengers if they are injured in an accident, regardless of fault.

Rental Reimbursement

Rental reimbursement pays toward expenses for a comparable rental car, truck, or trailer while repairs are being completed as a result of a covered loss. Only applies to vehicles with physical damage coverage.

Downtime

Downtime pays toward lost net income if you or we cannot readily find a comparable rental car, truck, or trailer while your vehicle or trailer was inoperable as a result of a covered loss.

Trailer Interchange

Trailer Interchange covers claims against your business for damage caused to non-owned trailers while they were in your care, custody, or control.

Your Commercial Auto Quote ID: 9008450



In-Tow/On Hook

In-Tow/On Hook liability covers claims against your business for damage caused to nonowned vehicles while they were in your care, custody, or control. Customer cargo (goods inside the towed vehicle) is optional coverage. Incorrect loading or improper transport is not covered.

Personal Injury Protection

Personal Injury Protection pays out medical expenses and lost income to anyone in your vehicle during an accident regardless of who is at fault.

#### **Benefits**

This policy provides specific benefits in the event of covered loss.

# Vehicle Coverage

VIN#	Year, Make, Model	Coverage	Límit	Deductible
1GBDV13167D112564	2007, CHEVROLET,	Comprehensive	CC 500 00	¢500.00/\$500.00
10804131870112964	UPLANDER	and Collision	\$6,500.00	\$500.00/\$500.00

If a limit is shown above, the most we would pay for that vehicle or trailer in any one covered loss is the lower of the stated limit, actual cash value, or repair or replacement cost. If the actual cash value (also called market value) is shown, the most we would pay is the lower amount of the actual cash value or the repair/ replacement cost.

Auto Liability \$1,000,000 Combined Single Limit

Uninsured/Underinsured Motorist \$1,000,000.00 per occurrence

Talk to a Licensed Expert

1-844-472-0967

Mon-Fri, 8AM-9PM EST

Your Commercial Auto Quote ID: 9008450

\$1,000,000.00 per occurrence

#### Premium

The premium is the amount you pay monthly or yearly to purchase this policy.

Monthly: \$1,064.09 (12 monthly payments of \$1,064.09)

Yearly: \$11,480.00 (Save 10%)

# Risks Not Covered by Commercial Auto Insurance

Costs that result from the risks below are not covered by commercial auto insurance.

# Intended or expected property damage or injuries

Property damage or bodily injuries that you cause intentionally or might reasonably expect to occur as a result of your actions are not covered.

### Injuries covered under workers' compensation

Injuries addressed by a worker's comp policy are not covered by commercial auto insurance.

#### Hired and non-owned vehicles

Only vehicles listed on the policy are covered. Temporary rental vehicles are covered if your listed vehicle is being repaired, serviced, or suffered a total loss. Other vehicles that you may rent or use are not covered by this policy. If you get a replacement vehicle for a vehicle that is listed on the policy then you have 30 days from when you buy it to replace it on our policy.

Your Commercial Auto Quate ID: 9008450

### Mobile equipment operation

Liability associated with the use of mobile equipment is not covered, for example a forklift or a crane.

# Racing

Damage or injuries caused by racing are excluded from coverage.

# Exhibit Fit, Willing, and Able (FWA)

_	lemence	Belton
		Name
1.		standing judgments against the Applicant?
	O Yes	Ø No
	If Yes, list judgements h	ere:
		5
		,
		86
2.		all statutes and regulations, including safety regulations and governing for-hire motors in Carolina, and does Applicant agree to operate in compliance with these
	Ø Yes	O No
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	Yes	O No

# **Exhibit on Driver Qualifications**

1.	CPR		alen	t, and record	sess at least a current American Red Cross Standard First Aid and is that verify/record such training must be kept on file at the ain South Carolina.
	\$	Yes	0	No :	
2.	Appli	cant understands that	drive	ers must be i	n compliance with all OSHA regulations.
	b	Yes	0	No	
3.					rained in the use of all vehicle installed safety equipment such as ters, and other equipment as outlined in PSC Regulations.
	d	Yes	0	No	29
4.		cant understands that disabilities, including v			ble to physically perform actions necessary to assist persons
	Ø	Yes	0	No	w
5.	easily				r a professional uniform and photo identification badge that for whom the driver works.
6,	of safe		erify		plete twelve (12) hours of in-service training annually in the area training must be kept on file at the company's primary place of

O No

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

- The Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.
- The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Richland

SWORN TO BEFORE ME

day of October, 202

Votary Public

Commission Expires 4/00

**Print Application** 

# **Business Entities Online**

File, Search, and Retrieve Documents Electronically

# **Belton Transportation Service LLC**

**Corporate Information** 

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

**Incorporated State: South Carolina** 

**Important Dates** 

Effective Date: 01/28/2020

**Expiration Date: N/A** 

Term End Date: N/A

Dissolved Date: N/A

**Registered Agent** 

Agent: UNITED STATES CORPORATION AGENTS,

INC.

Address: 1591 Savannah Highway, Suite 201

Charleston, South Carolina 29407

Official Documents On File

Filing Type	Filing Date
Articles of Organization	01/28/2020

For filing questions please contact us at 803-734-2158

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ACCEPTED FOR PROCESSING - 2021 November 3 9:34 AM - SCPSC - 2021-3

Filing ID: 200128-1150339

Filing Date: 01/28/2020

# STATE OF SOUTH CAROLINA SECRETARY OF STATE

# ARTICLES OF ORGANIZATION Limited Liability Company — Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to \$.C. Gode of Laws Section 33-44-202 and Section 33-44-203.

Belton Thirtsportation Service LLC	
Note: The hains of the (Inded tiability sumpany stript contain	gras of the following endings: "kinked Rabilly company" or "Berlied ""Ltd.Cp.7"
originarity, of the substatistical strates, strates, strates, at the	7 11 Hi Cp.7
The address of the Inhial designated office of the lin 136 Swertz Rd. #85	illed liability company in South Carolina is
(Street Address)	
Lexington, South Carolina 29072 (City, State, Zip Code)	
The initial agent for service of process is	
UNITED STATES CORPORATION AGENTS, INC.	
Neme)	· · · · · · · · · · · · · · · · · · ·
Signature of Agent)	· · · · · · · · · · · · · · · · · · ·
And the eligible address in South Carolina for this hills 1691 Sayannafi Highway, Sulte 201	al agent for service of process la:
Street Address)	
Charleston	South Carolina 29407
City)	(Zp Code)
list the name and address of each organizer. Only p Cheyenne Moseley	one organizer is required, but you may have more then one.
Name) 101 N. Brand Blvd., 11th Floor	
Street Address)	
Glendale, California 91203	
City Sigle 7in Code)	

	Belton Transportation Service LLC
	Name of Unitied Cability Conteasy
are required or are permitted to be set forth !	which the organizers determine to facilide, including any provisions the infilted liability company operating agreement may be included a separate attachment. sign.
Signature of Organizer	
Oatb: 01/28/2020	
Signature of Organizer	
Date:	

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

1039796151, 7145 P. 1 Welkomel

Date of this notice: 01-30-2020

cation Number:

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

BELTON TRANSPORTATION SERVICE LLC TERRENCE DARRELL BELTON SOLE MBR 136 SWARTZ RD BS LEXINGTON, SC 29072

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

for applying for an Employer Identification Number (EIN). We assigned you EI:
This EIN will identify you, your business accounts, tax returns, and do if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown,

Form 940 Form 944

01/31/2021 01/31/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

575A

01-30-2020 BELT B 999999999 SS-4

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BELT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation,

Keep this part for your records.

CP S75 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01 )

EMPLOYER IDENTIFICATION 1 FORM: SS-4

MORÓN

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 filolofilologishilofidladkingdiloflofilol BELTON TRANSPORTATION SERVICE LLC TERRENCE DARRELL BELTON SOLE MBR 136 SWARTZ RD B5 LEXINGTON, SC 29072